AURICLE

Tuesday, February 6, 1980 Medical Society Publication #18

Student Lecturer Relationship

We are presenting a few editorials discuasing the function of a lecture and how it determines the relationship that exists, if somewhat tenuously, hetween the lecturer and student; in our case a 1:250 ratio which puts the lecturer at a disadvantage.

The Oxford Dictionary's definition of lecture is "Discourse delivered for the instruction of a class or other audience".

The function of the lecture may then be considered as conveying knowledge to the student, where the lecture is one in a series of hopefully well-integrated topics, with the ideal result of acquainting students with a specific area of expertise.

Then there are the expectations of atudents and the professor. All students hope for a vihrant, charismatic lecturer who inspires that all-important spark of "interest". A speaker giving only one or two lectures never gets a chance to get off the ground, whereas, with a series of lectures, the same professor has the time to prove himself. What ahout the lecturer's expectations? Does he hope to have an attentive, restive and "interested" class? Doea he have the right to peace and quiet, and, if he doesn't get it, is it his fault for heing a had lecturer, or having an uninteresting topic?

We next come to the syllahus notes, the purpose of which is to provide the knowledge heforehand, freeing the student of note-taking drudgery. BUT, more often than not, the lectnrer wants to emhellish the notes with the latest facta, or items he feels are important.

In the pre meds course, syllabus notes are usually unheard of, and an expensive luxury. In this case, the function of the lecture is to take notes, and these and the textbook are the primary reference sources. Come into medicine, and find yourself faced with seemingly day-long lecturea, poor or non-exiatent reference texts and lectures aupposedly only highlighta, noting pertinent, and just as often, perturhing facts. Next week, we'll carry on the discussion with class prohlems and class etiquettc.

Pat and Anne

Developmental Featurea of a U. of T. Medical Student--Expected Timing of Developmental Accompliahmenta

First Year -(1) remain quiet when picked up
(2) put amall objecta in mouth
(3) babble incoherently re Anatomy, Hiatology, etc.
(4) bang booka during atudy

Second Year -(1) use 3 words appropriately
(2) feed self a cookie
(3) show separation anxiety in clinics from De Gowin and De Gowin
(4) discriminate atrange clinicians from familiar ones

Third Year -(1) use 5-10 words appropriately
(2) point to own nose, eye, moutb, hair when asked to identify them
(3) repeat actiona if laughed at
'4) make a tower of 4 or more booka

Fourth Year -(1) can tell own aex
(2) imaginative, cooperative play
(3) apeak in complete sentences
(4) voluntary hygiene

Tony Drohomyrecky 8T2

Dear Editors of the Auricle:

In response to your never-ending search for current, topical and investigstive articles, I am writing to you as one of tbe last sentinels of morsl rectitude.

I am writing to bemoan the usage of one of tbe various terminologiea sdapted by tbose in our future profession to describe a aensitive human/medical issue. Whst is this heinous word you ask? Simply put, it is "salvage". This word on its own is a perfectly normal and acceptable term, inspiring images of refuse, reclamation from the depths, and rusting automobile bodies in vast wrecking yards. But wben this term is linked to create the ahsurd phrase, "fetal salvage", it sends nlarms of inappropriate phrase, jargon-laden vocabulary and neologisms careening around tbe cranium.

In fact, the first time that the class was introduced to this term in second year Pediatrics, the unknowning lecturer took our rumbles of dissatisfaction to mean that we found the idea itself to be amusing and flippant. One more easily envisions the vignette, "I am sorry Madam, but we were unable to salvage your child." How can tbis crude terminology he condoned? How can we be so hard and indifferent to infer that our objectiveness justifies its continuation?

This term thereby leads to other corruptions, such as "fetal wastage", lending the occurrence of death the semantic aemblance of a spoiling head of cabbage in one's refrigerator.

Perhaps I am over-reacting to tbis insensitivity, but wben I witness similar instances of terminology used to reduce other major human and medical occurrences to the level of the mechanical and trivial, I feel that we sre missing tbe mark of the responsible and compassionate physicians that we are striving to sttain and maintain.

Peter Rumney ST1.

DAFFYDIL TICKETS

PRICE: $3.00 (Tues, Wed., Thurs.)
$3.50 (Fri., Sat.)

NOTE: Each class bas an equal number of tickets set aside for advance salea (dates below) for escb evening of Daffydil. After these dates, tickets will be on ssle on a first-come, first-serve basis.

CLERKS: Please place you prepaid advance orders with the chief clerk at your hospital. Deadline Fri., Feb. 8. After this date, you may purchase tickets on Wed., Feb. 20 or at the Hart House Theatre Box Office (see below).

8T1, 8T2 and 8T3: Tickets will be on s first-come, first-serve basis through the Medicsl Society Office (Please, no stampeding).

8T2, 8T1: Wed. Feb. 13.

8T3: Mon. Feb. 18.

ALL YEARS: Wed. Feb. 20.

TIMES: 12:30 - 1:10 p.m.
2:00 - 2:10 p.m.
3:00 - 3:10 p.m.
4:00 - 4:10 p.m.
5:00 - 6:00 p.m.

After these dates, tickets will be sold through the Advance Box Office of Hart House Theatre (stsge entrance) except on tbe evening of the performance when tickets (if any) for that particular evening will be on ssle at tbe Theatre.

BLOOD DONOR CLINIC:

The U of T Nurses have challenged our fsculty to a "Bleed-Off" at next week's blood donor clinic. We need your support and blood to show the nurses how it's done. The clinic runs from Feb. 11 to Feb. 15 during the following bours;

Mon., Tues., Wed., and Fri. 10 a.m. - 4 p.m.
Thurs. 10 a.m. - 6 p.m.

Doug Crawford 8T1.